DOCUMENT RESUME

ED 153 072 CE 015 825

AUTHOR Moore, Susan C.; Hole, F. Marvin
TITLE An Analysis of the Literature to Identify Staff Development Requirements for Practical Nursing Instructors. Vocational-Technical Education Research Report. Health Occupations, Monograph No. 10, Vol. 16, No. 4.
INSTITUTION Pennsylvania State Univ., University Park. Div. of Occupational and Vocational Studies.
PUB DATE Jun 78
NOTE 77p.

EDRS PRICE MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS Adult Education; *Educational Needs; *Faculty Development; Health Occupations; Inservice Teacher Education; Instructional Staff; Literature Reviews; *Nursing; Practical Nurses; Professional Continuing Education; *Program Improvement; *Program Planning; Staff Improvement; Statewide Planning; Vocational Education Teachers
IDENTIFIERS Pennsylvania

ABSTRACT

A review of the literature on continuing education was done to identify the literature related to practical nursing instructors, analyze the literature to see how it affects the practical nursing instructor, and make recommendations for a long-term plan of staff development for practical nursing instructors in Pennsylvania. The literature revealed that there is a definite need for a plan of staff development for practical nursing instructors. Between the years 1972 and 1976 there were thirty-two practical nursing programs throughout Pennsylvania with faculty members that did not meet minimum qualifications according to the Pennsylvania State Board of Nurse Examiners. At present there are no continuing education courses available specifically for practical nursing instructors, but these will need to be developed by institutions of higher learning if continuing education becomes mandatory. Among eight recommendations made based on the study findings are the following: institutions of higher learning in Pennsylvania need to design programs for health occupations teachers that consider working hours, length of school contracts, and commuting time; certification standards should be developed for postsecondary vocational educators throughout the United States; nationally, professional organizations need to agree on a method of evaluating continuing education; and a national panel should be appointed to define continuing education in nursing and to delineate and set continuing education standards for each of the specialty areas in nursing. (EM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED153072

THE PENNSYLVANIA STATE UNIVERSITY
DEPARTMENT OF VOCATIONAL EDUCATION

An Analysis of the Literature to Identify Staff Development Requirements for Practical Nursing Instructors

Susan C. Moore
and
F. Marvin Hole

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

F. Marvin Hole

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND THE ERIC SYSTEM CONTRACTORS."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 015 826

VOCATIONAL — TECHNICAL EDUCATION Research Report

June 1978

Health Occupations, Monograph Number 10

Volume 16, Number 4
(Department Classification Number)

ACKNOWLEDGEMENTS

The authors extend sincere appreciation to the Division of Occupational and Vocational Studies of The Pennsylvania State University for it assistance.

Appreciation is also extended to Sharon Aurand for typing the monograph.

TABLE OF CONTENTS

		Page
ACKNOWLEDGEMENTS		ii
Chapter		
1	BACKGROUND INFORMATION	1
	Introduction	1
	Statement of the Problem	6
	Significance of Study	6
	Definition of Terms	7
	Delimitations of the Study	10
	Assumptions Inherent in the Study	11
	Plan of the Study	11
2	REVIEW OF LITERATURE	12
	Introduction	12
	What Is Continuing Education?	12
	Other Professions and Continuing Education	15
	Hospital Education or Institution of Higher Learning?	17
	Why Continuing Education?	23
	Status of Mandatory Continuing Education	24
	Continuing Education and Hospitals	28
	Rules and Regulations for Faculty	31
	Mobility of Nurses	33
	Approval and Recognition of Continuing Education	33
	Nurses Associations Support Continuing Education	38
	Negative Reactions to Continuing Education	39
	In-service Education for Vocational Educators	40
	Certification and Credentialing	42
	Health Occupations Education	45
	Summary	48
3	METHODOLOGY	49
4	SYNTHESIS OF LITERATURE	51
	Introduction	51
	Educational Component	51
	Nursing Component	55

Chapter Page

5 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS . . . 59
Summary 59
Conclusions 60
Recommendations 62

BIBLIOGRAPHY 64

ABSTRACT

The purpose of this study was to review the literature on continuing education to: (1) Identify continuing education literature related to practical nursing instructors, (2) Analyze the literature to see how it affects the practical nursing instructor, (3) Make recommendations for a long term plan of staff development for practical nursing instructors.

An Educational Resources Information Center (ERIC) search was used to retrieve information. A search of the literature was conducted to analyze literature on continuing education in the health professions, to review the present status of continuing education in Pennsylvania and throughout the United States, and to project the future continuing education needs of the practical nursing instructor.

The literature revealed that there is a definite need for a plan of staff development for practical nursing instructors. Between the years 1972 and 1976 there were 32 practical nursing programs throughout the Commonwealth with faculty members that did not meet minimum qualifications according to the Pennsylvania State Board of Nurse Examiners. There is a projected need for a minimum of 50 additional postsecondary health occupations teachers, for the state of Pennsylvania, by 1980. At present there are no continuing education courses available specifically for practical nursing instructors, but these will need to be developed by institutions of higher learning if continuing education becomes mandatory.

Chapter 1

BACKGROUND INFORMATION

Introduction

Health care today is the third largest industry in the United States, ranking behind only construction and agriculture. It employs more than 5 percent of the country's work force and accounts for 8.6 percent of the gross national product, according to Joseph A. Califano, Jr., Secretary of Health, Education and Welfare.

Frey (1975) noted that health manpower has become the greatest area in terms of numbers and needs for trained people in modern American employment. This need for trained people points to the need for well planned training programs, and qualified instructors. Hole, Cole and Kelly (1977) state:

> In order that society's health manpower needs be met at the highest level of individual and collective ability, programs preparing health workers must be carefully planned, organized, implemented and evaluated. To achieve these goals, quality leadership is vital. There must be sufficient numbers of competent personnel to provide appropriate instruction, guidance, and other supportive services.

Borkovich and Welch (1975) identified the fact that the United States has been experiencing a shortage of personnel in the health occupations for some years now. The federal government has been aware of this critical situation,

and has appropriated funds to counteract this shortage. The Vocational Education Act of 1963 provided funds to establish programs for training technicians and assistants in the health occupations. The 1968 Vocational Amendments provided additional funds and encouraged continued development of health occupation programs. The Education Amendments of 1976 also provided funds for the training and retraining of people to become educators of adults. These educators could then train people to assist in the solution of community problems. Health was cited by the Congress as one of these problems.

Borkovich and Welch (1975) stated:

> In the past health occupations teachers have come directly from the health professions, with little or no professional education courses to qualify them as teachers. Some instructors have obtained the required educational courses to enable them to be proficient at teaching through in-service courses and workshops. Many of them have been taking courses with trade and industrial people, who are also planning to become teachers. In this process the health professional is able to receive some of the necessary teaching techniques and technologies. This transition from a health professional to a fully certified teacher may take from two to six years.

According to Evans (1973) it is typical in most states to allow vocational teachers in certain fields to begin teaching with absolutely no teacher education. He further states that the usual understanding is that one or so courses per year will be completed until minimum standards are reached.

Harding (1975) in the Position Paper on Health Occupations Education states that a number of postsecondary health occupations education programs operate throughout the

Commonwealth. She states that foremost among these is the practical nursing course which can be conducted in comprehensive high schools, area vocational-technical schools and community colleges. These programs must meet the criteria set by the State Board of Nurse Examiners, and must also be approved through the State Bureau of Vocational Education in order for the graduate to be eligible for licensure.

Borkovich and Welch (1975) found that for some time now, Pennsylvania has been losing many nurses to the ranks of teaching. Some of these nurses have been hired to teach in schools of practical nursing with no pre-service or in-service to guide them in their efforts. Although these nurses meet the requirements for vocational education teachers insofar as occupational competence is concerned, their background of experience does not necessarily qualify them to teach. Health occupations education teachers need pedogogical skills, and androgogical skills when working with adult learners in postsecondary programs.

Much emphasis has been placed on the need for educators of adults to develop androgogical skills. Knowles (1970) speaks of the androgogical revolution which will first become defined in terms of the characteristics of adults as learners. He speaks of the main differences in the assumptions between pedagogy and andragogy, and states these will indicate some technological implications for continuing professional education. He cites four critical assumptions about adults as learners, underlying the theorizing about andragogy. Popiel

(1970) agrees with Knowles and states that andragogy is premised on Knowles four assumptions which include:

1. Adult learners see themselves as responsible, self-directing individuals. They perceive of themselves as having the ability to run their own lives, and they resent being placed in situations in which they may be treated like children.

2. Adults have accumulated a great volume and variety of experiences on which to base new learning. But sometimes creative thinking and innovation are made more difficult because of already formed habits and prejudices.

3. The readiness of adults to learn differs from that of less mature learners in relation to their job situations and social responsibilities. Adults are interested in learning how to do a better job "here and now". They regard learning as a process of improving their ability to deal with the problems they face.

4. Since the problems of adults are "here and now" centered, the teacher for adult learners must be both person and problem centered.

Hole, Cole and Kelly (1977) note the fact that health occupations teachers are vocational educators and, as such, must possess two requisites in order to function successfully. They state that the educator must know <u>what</u> to teach, and also <u>how</u> to teach. They feel that the educator must accept the premise that both educational preparation and occu-

pational experience are necessary for success as a health occupations teacher.

According to Borkovich and Welch (1975) there have been no pre-service programs to prepare health occupations teachers in Pennsylvania; this has been done through in-service work. In their study, A Supply and Demand of Secondary Education Health Occupations Teachers, Borkovich and Welch found that, on an average, the present instructors are somewhere between 40 and 50 years of age. This indicates that there is going to be a high replacement factor for those people presently employed. They project that a minimum of fifty additional teachers, for new and expanding programs, will be needed in the next five years. Although their research dealt mainly with secondary school teachers, they note that other research indicates the demand for teachers on the postsecondary level will increase in much the same ratio as secondary health occupations teachers.

Hole, Cole and Kelly (1977) noted that in health occupations education, especially at the postsecondary level, increased growth and expansion of programs has given rise to more stringent educational requirements for teachers of such programs. They further state that not only were certification guidelines established, but teachers were also encouraged to work toward a degree(s).

The National Advisory Council on Educational Professional Development has declared that the "greatest

unmet need for personnel development for teachers is in the health occupations area."

STATEMENT OF THE PROBLEM

The purpose of this study was to review the literature on continuing education to:

1. Identify Continuing Education Literature related to practical nursing instructors.

2. Analyze literature to see how it affects the practical nursing instructor.

3. Make recommendations for a long-term plan of staff development for practical nursing instructors.

SIGNIFICANCE OF STUDY

The Jefferson County-DuBois Area Vocational-Technical School offers a program in practical nursing. The school employs a coordinator and two instructors on a full-time basis. When a position is vacated the school advertises for a replacement. Applicants are usually from Jefferson County or Clearfield County. At the present time there are no professional schools of nursing in either county, so the number of registered professional nurses in the area is limited. Few, if any, of these professional nurses hold baccalaureate degrees so the applicants must be supervised by qualified instructors to meet minimum standards as set forth by the State Board of Nurse Examiners.

These counties are not the only two counties throughout the Commonwealth, or throughout the nation, facing the problem of a shortage of qualified instructors in practical nursing.

This study provided information pointing to the need for a long-term plan of staff development for practical nursing instructors.

If Vocational Education is responsive to the needs of society and health occupations teachers, then they must provide teacher preparation to meet the future increased demand for health manpower in the health field.

DEFINITION OF TERMS

When used in this study, the following terms shall have the following meanings unless the context states otherwise:

1. Accreditation: The process by which an agency or an organization evaluates and recognizes a program of study or an institution as meeting certain predetermined qualifications or standards. Accreditation shall apply only to institutions and programs.

2. Allied Health: The term allied health covers those professional, technical and supportive workers in the fields of patient care and health research, trained by institutions of higher education, who engage in activities that support, complement or supplement the professional functions of such primary professionals as physicians and dentists.

3. Andragogy: The art and science of helping adults learn (Knowles, 1970).

4. "Board": Means State Board of Nurse Examiners.

5. Certification: The process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

6. Continuing Education Unit: A CEU is a method of quantifying non-credit, non-transferable, non-degree instruction. A CEU is defined as ten contact hours of preparation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction. Several health professions have adopted the CEU as their measurement of continuing education exposure. Some professions are using the CEU as a means for reestablishing or renewing licensure.

7. Contact Hours: A contact hour, according to the National Task Force on Continuing Education Unit, is defined as a typical fifty-minute classroom instructional session, or its equivalent. Ten instructional contact hours are required for one CEU. The number of instructional contact hours is readily determined in the formal classroom situation. In more informal formats, the director or coordinator of the program must exercise judgment in determining the equivalent number of instructional hours required to achieve the educational objectives.

8. Continuing Education Recognition Point: The CERP is a less clearly defined and less widely used method of measuring exposure to continuing education. One CERP equals one contact hour of instruction. In some cases a CERP can be transformed into continuing education credit, but it seems that the transformation in the other direction is not possible (i.e., CEU's cannot become CERP's). The CERP has been adopted in some states as the standard of measurement used in satisfying mandatory continuing education for relicensure requirements. For example, Florida, Minnesota, and Kansas currently use this measurement for nurses and California will institute it in 1978.

9. Continuing Education: Relevant study by the individual beyond basic preparation, generally considered to be essential for competent practice.

10. Credentialing: The recognition of professional or technical competence. The credentialing process may include registration, certification, licensure, professional association membership, or the award of a degree in the field.

11. Educational Institution: Defined as a school, college, or university whose primary function is education, in contrast to an agency whose primary function is health care.

12. Health Occupations Education: Education for health occupations comprises the body of related subject matter, or the body of related courses, and planned experiences designed to impart knowledge and develop understanding

and skills required to support the health professions. It has been defined under the law to mean those occupations in the health field which require preparations below the baccalaureate level.

13. Licensure: The process by which an agency of government grants permission to persons meeting predetermined qualifications to engage in a given occupation and/or use a particular title or grants permission to institutions to perform specified functions.

14. Pedagogy: The art and science of teaching children (Knowles, 1970).

15. Practical Nurse Program: A program generally under the control of the public school system or hospital and about one year in length.

DELIMITATIONS OF THE STUDY

This study was primarily concerned with the status of continuing education in the state of Pennsylvania. It may not be valid for other states, although much of the background information on continuing education would be applicable to the entire nation.

Reference has been made to Continuing Education Units throughout the study because this is the measurement of continuing education exposure in Pennsylvania. Continuing Education Recognition Points have been defined and are the measurement of continuing education exposure in the states with mandatory continuing education laws at present.

ASSUMPTIONS INHERENT IN THE STUDY

Several assumptions have been made in this study and for purposes of clarification should be mentioned. They are as follows:

1. Continuing Education will eventually be mandatory for relicensure of nurses in all states.

2. At present mandatory continuing education laws seem to be directed toward relicensure of the professional nurse, but in time will be directed toward relicensure of the practical nurse as well.

PLAN OF THE STUDY

Chapter 1 has presented the statement of the problem, and reviewed the need for personnel development for teachers in the health occupations. Chapter 2, which follows, is a review of the literature on continuing education in nursing. It also includes a review of certification and credentialing, in-service education for vocational educators, and the development and some trends in health occupations education. Chapter 3 presents the methodology for the study. Chapter 4 is an analysis of the literature, and Chapter 5 is composed of the summary, conclusions and recommendations.

Chapter 2

REVIEW OF RELATED LITERATURE

Introduction

In the last decade there has been a proliferation of published literature on continuing education. This is especially true in the nursing profession where the national trend is to make continuing education mandatory for relicensure. This places the nurse educator in a rather precarious position because she must now consider the nursing component, as well as the educational component when planning for continuing education. As a nurse she may need to accumulate continuing education units in nursing in order to be relicensed, and as an educator she may need to accumulate education credits in order to keep her job.

WHAT IS CONTINUING EDUCATION?

The term continuing education seems to encompass many things. The American Nurses' Association (1967) in its statement, "Avenues for Continued Learning", describes continuing education as follows:

1. Formal academic study in programs leading to a baccalaureate or higher degree;

2. Short term courses or programs offered by institutions of higher learning but not necessarily directed

toward a degree (these are generally referred to as "continuing education" courses); and

3. Independent and informal study carried on by the practitioner herself, utilizing the learning opportunities available to her through her profession and her employing agency.

In 1971 (Popiel) referred to continuing education in a university as "...an organized effort in which the element of chance in learning is reduced by systemic planning, learning and design".

Gibbs (1971) states, "The term adult education has been changed to continuing education to suggest a single integrated process from prekindergarten to postretirement."

Popiel (1973) in her book, Nursing and the Process of Continuing Education, includes in-service, staff development, refresher courses, workshops, institutes, conferences, programmed instruction, self study, and on-the-job consultation all under the umbrella of continuing education.

Krekeler (1975) thinks of in-service programs as the responsibility of the employers of nurses, and continuing education as the obligation of the practitioners of nursing. According to a publication of the National Commission for the Study of Nursing and Nursing Education, continuing education is defined as "...formalized learning experience or sequence designed to enlarge the knowledge or skill of practitioners... It tends to be more specific, of generally shorter duration, and may result in certificates of com-

pletion or specialization, but not in formal academic degrees" (Krekeler, 1975).

Stuart (1975) questions whether continuing education is clearly definable. She states that in the broadest sense, continuing education encompasses all those learning activities that occur after an individual has completed his basic education.

In 1974 Dorothy Ozimek, R.N., director, Department of Baccalaureate and Higher Degree Programs of NLN states, "There is a tremendous need in nursing to differentiate specifically the meanings of preparatory education, in-service education, continuing education, and further education. Each is a distinct and separate entity with different goals and purposes."

In this context, preparatory education ends in an associate degree, diploma or baccalaureate degree. In-service is on the job training offered by the employing agency to its employees to improve service. Continuing education is the non-credit educational experiences that update the already prepared nurses' knowledge and competence in nursing practice. Further education is the formal academic education at the graduate level in nursing, offered only by a university, that ends in a master's or higher degree (RN, 1974).

OTHER PROFESSIONS AND CONTINUING EDUCATION

Gibbs in 1971 described the following continuing education programs of several organizations of professional practitioners:

1. The American Medical Association in its Council on Medical Education intends that through continuing medical education the physician will be able to review aspects of his basic education and be informed of new developments in his field. The American Academy of General Practice requires of its members 150 hours of postgraduate study within a three-year period.

2. The Academy of General Dentistry names "fellows" when dentists have accumulated 500 hours of formal post-graduate education in ten years. A member of the Academy must take 75 hours of formal postgraduate and extension courses every three years in addition to attending regular society meetings and seminars.

3. In 1969 the American Association of Nurse Anesthetists developed a continuing education point system. One hundred points are required over a five-year period and are awarded by administering a new anesthetic, using a new method of administration, taking short courses or attending lectures or conferences--all, of course, pertaining to anesthesia.

4. The American Dietetic Association also formulated a system of credit for continuing education in 1969.

Seventy-five clock hours are required in a five-year period. Credit is assigned for activities in administration, education, nutrition care and research.

Stuart (1975) found that state medical societies in 12 states require physicians to participate in continuing education as a condition of membership. She also found that Kansas, Kentucky, Maryland and New Mexico have enacted legislation requiring participation in continuing education as a condition for re-registration of the license to practice medicine. Stuart noted that the dental profession has had some pressure by national and state agencies, and study groups inside and outside the profession. She notes that a key recommendation made has been a requirement for dentists participating in publicly funded health programs to meet certain standards of continuing education. At that time, Kansas, North Dakota, Minnesota and Pennsylvania all required continuing education for dental license renewal. Stuart mentioned that the New York state health department made continuing education requirements a condition for participation in the medicaid program.

Butherus (1977) states that the trend toward continuing education is not restricted to nursing. She has found that at least fifteen states require physicians to show proof of continuing education for relicensure. She also notes that other boards--such as pharmacy, medical examiners, optometry, and nursing home administrators--have required it in many states for years.

HOSPITAL EDUCATION OR INSTITUTION OF HIGHER LEARNING?

Kuramoto (1975) states that in some respects, nursing as a profession, is somewhat behind the times. She bases this statement on the fact that historically nurses have received their education in hospitals, instead of institutions of higher learning. This has led to stratification within the nursing profession, and has made it difficult for credit to be transferred from one type of program to another. The three-year diploma graduate often finds that her hospital education will lend itself to few, if any, credits if she chooses to strive for a baccalaureate degree. The two-year associate degree graduate may find that many of her credits will not be transferable toward a baccalaureate degree, and the practical nurse often finds that she has nothing to build on toward becoming a registered nurse or attaining a higher educational degree.

According to Hole (1974) most entry level preparational programs in the health field lead to dead-end positions with little opportunity for the individual to advance to the next educational level without starting over.

The American Nurses' Association and the National League for Nursing have strongly recommended that nurses receive their basic education in institutions of higher learning. This may be fine for future generations of nurses, if sufficient programs are available, but what of the nurse with lesser qualifications at present? Must she start over?

Bullough (1971) has suggested that nursing schools rethink their curriculums to provide for educational mobility. According to Richards (1976) with the redefined L.P.N.'s role and responsibilities of the R.N.'s, clear steps have been established in a career ladder from aide to practical nurse to registered nurse and then to nurses with specialization at the master's level. The lattice concept could be even more beneficial because this refers to the upward, downward or horizontal mobility of the allied health occupations worker.

Gill (1977) suggests that by moving practical/vocational nursing education to the community college level, the ladder concept of nursing education may have more success. She feels it is inherent in a democracy to provide opportunity for improvement, increased status and income. She adds that by providing means for upward mobility on the career ladder, that freedom is preserved.

Skoblar and Amster (1977) refer to New York State's 1985 Resolution--the popular name for a bill that purports to brirg nursing education and licensing into closer harmony by 1985. They state that specifically, the bill mandates the baccalaureate degree for R.N.'s and the associate degree for "technical nurses" and in effect wipes out diploma programs as a route to licensed nursing. The 1985 resolution would also wipe out schools of practical nursing.

According to Greenspan (1977) the nurse educator must be credited with the success of further fragmenting an al-

ready disturbed and distraught nursing community by trying to implement the "Position Paper"--better known in nursing circles as the "1985 resolution". She speaks of the reality of rank and responsibility, and notes that the newly graduated R.N. is unskilled when she arrives on the job. The newly graduated P.N. arrives on the job skilled because 60% of her basic education was devoted to the development of skills. The R.N. is then assigned to supervise the P.N. She adds that the final "coup" occurs when the patient who is so appreciative of the good care he received from the L.P.N. rewards her with "you're such a good nurse, why don't you become a real one?"

Greenspan (1977) states:

> Practical nursing has now reached the moment of facing extinction. Before it's too late, we must demand of the practical nursing organizations that a valid study be done of practical nursing. Let's really find out what the needs are. Let's really find out about the clinical competencies of the practical/vocational nurse. Let's really find out if there is still a need for such a nurse. When the study is completed and the conclusions have been reached, then we must design the programs necessary to educate the student nurse, the student physician, the student administrator and the patient/client/consumer. Then and only then will we prepare a nurse for a working environment that is prepared for the nurse.

According to Sandiford (1977) the most powerful factor in the attempt to phase out the practical nurse program is the influence of the American Nurses' Association. She notes that postsecondary vocational health-care programs, especially practical nurse programs, are well on their way to being phased out. The two major factors which she be-

lieves are changing the direction of nursing education are (1) a redefinition of nursing by the American Nurses' Association acting through its state associations, and (2) finances. She further states there is not enough money to go around; and when priorities are established, practical nurse programs are not high on the list.

The following plan of implementation was approved by the voting membership at the annual Conference of New York State Nurses' Association on Thursday, October 9, 1974.

PROPOSAL RE: IMPLEMENTATION
OF
RESOLUTION ON ENTRY INTO PROFESSIONAL PRACTICE
THROUGH
REVISION OF ARTICLE 139, NURSING, TITLE VIII, EDUCATION LAW

INTRODUCTION

In October 1974 the voting body of The New York State Nurses' Association adopted the following resolution:

RESOLUTION ON ENTRY INTO PROFESSIONAL PRACTICE
(Submitted by NYSNA Specialty Groups:
Directors, Associates and Assistants, Nursing Practice and Services; Deans, Directors and Faculty, Nursing Education Programs)
Approved by the 1974 NYSNA Voting Body

WHEREAS, The existence of multiple kinds of basic nursing education programs leading to licensure as a registered professional nurse creates immeasurable public and professional confusion, and

WHEREAS, It has also long been recognized that baccalaureate preparation is basic to professional nursing practice,

THEREFORE BE IT RESOLVED, That the New York State Nurses' Association develop a plan for establishing by 1985 the baccalaureate degree in nursing as a requirement for licensure as a registered professional nurse, and be it further

RESOLVED, that this effort provide through grandfather clauses and/or other appropriate means, full protection of all practice privileges, titles and status of all individuals currently licensed or preparing for licensure as a registered professional nurse.

The Committee proposes this timetable for revision of Article 139, Nursing, Title VIII, Education Law:

1. Introduce bill in 1976.

2. If signed into law it would be implemented as follows:
   a. Nursing - as of January 1, 1980 any individual seeking licensure as a nurse would be required to enter a baccalaureate program in nursing.
   b. Practical Nursing - as of January 1, 1982 any individual seeking licensure as a practical nurse would be required to enter an associate degree program in practical nursing.

3. By 1984 all applicants for licensure as either nurses or practical nurses will have met the new requirements for entry into practice.

Members of Pennsylvania Nurses' Association (PNA) voted almost unanimously in favor of a 1985 type resolution. The resolution states that PNA "supports the concept that by 1985 all candidates for initial licensure to practice professional nursing hold a baccalaureate degree, with a major in nursing". (Pennsylvania Nurses' Association Convention in Lancaster - 1976, RN RNEWS)

According to Mereness (1977) the Pennsylvania Nurses' Association during its meeting in October 1976 unanimously adopted a resolution entitled "Entry Into Professional Nursing Practice". She further states that a careful reading

of the entire resolution points up the key concepts which include the belief that consumers are entitled to nursing care based upon scientific principles, that it is generally accepted that the first professional degree in nursing is the baccalaureate with a major in nursing, and that because professional nursing care has increased in complexity and in depth a change is indicated in the educational preparation required for all candidates who seek initial licensure to practice professional nursing in Pennsylvania after 1985.

Gill (1977) states nursing must present to the public and the health care system a united profession composed of members who all have a professional educational background. She contends that what practical/vocational nursing needs is a college oriented program. She feels that the best way to pursue recognition as a profession is to pursue quality education in institutions of higher learning--in two and four year colleges and universities. According to Gill:

> Presently, practical nursing programs are organized under vocational-technical education. This type of education provides training for a career and, as such, is essential to the community. However, vocational education is on the lower end of the scale of occupational ratings. Can nursing afford to suffer a lower status in the eyes of the public than it deserves? Community colleges offer vocational-technical degrees in other disciplines. This presents rivalry for the tax monies between vocational-technical schools and community colleges. The advantages, then, of practical/vocational nursing in the community college setting include more efficient use of tax monies and improved status in occupational rating and in the eyes of the consumer/client.

WHY CONTINUING EDUCATION?

The concept of continuing education touches individuals in all fields of endeavor, but it has become paramount for professional groups who require their practitioners to keep their knowledge and skills up to date. Tapper (1971) states that engineers were advised early in the 1960's that their knowledge would be obsolete ten years after graduation. In 1968 a National Task Force determined that the geometric increase in knowledge was resulting in a decrease in the half-life in the utility of learning. The National Task Force determined that within five to seven years following the completion of formal education, half of the knowledge acquired would be outdated.

Society has realized that people are becoming obsolete when they don't keep abreast of knowledge, research and advancements which are taking place at an ever increasing rate of speed. The United States government is also concerned about individual obsolescence, and has passed legislation and provided funding for continuing education.

Donahoo (1976) states that with the ever increasing demand by the public for accountability in the health professions, the nurse in practice is faced with providing a range of services which demand an increasing high level of skills. The constant updating of knowledge and skills can only be obtained through active continuing education.

STATUS OF MANDATORY CONTINUING EDUCATION

According to Krekeler (1975) legislation to require nurses to take part in continuing education to maintain licensure was considered first in Pennsylvania and California. She further states that both states failed to pass the bills initially, but in the fall of 1971, California's legislation passed and was signed by the governor. The new law provided for continuing education requirements for registered nurses, licensed vocational nurses, pharmacists and dentists to be established by a Council on Continuing Education for the Health Occupations. Applicants for renewal of licenses were to submit proof that they had attended continuing education courses or used other means recognized as educational, to the "Board", by January 1, 1977. Then in 1974, California legislators passed a law to postpone the continuing education requirement for relicensure until July 1978.

Butherus (1977) reports that the NAPNES (National Association for Practical Nurse Education and Service, Inc.) 1976-1977 State Board of Nursing Survey found:

> Five states have laws mandating proof on continuing education for relicensure. These include California, Kansas, Florida, New Mexico and Minnesota.
>
> Two states have enabling legislation, which allows the "Board" to set up a system for mandatory continuing education if they deem it necessary.
>
> Nineteen states anticipate mandatory continuing education legislation within 10 years.
>
> Six states are uncertain as to when, but they do anticipate legislation sometime in the future.

In fourteen states the "Board" has a statement regarding continuing education.

Butherus (1977) surveyed the states that have laws and found:

In California - a nurse will have to show proof of 30 hours of continuing education for relicensure every two years, starting in 1980 (15 hours per year).

In Florida - in 1978 the nurse will begin to accrue 15 hours per year.

In Kansas - in 1978 the nurse will require 5 hours per year to renew his/her license.

In Minnesota - by 1978 the nurse will have to show some proof of continuing education, but criteria have not yet been established.

In New Mexico - law was enacted 7-1-77, but the number of hours has not been determined nor has the effective date.

In Oregon - if you have been inactive in nursing for five years or longer you will have to complete a refresher program before reentry into practice.

In South Dakota - enabling legislation exists. This means "Board" may require it when they see fit.

In Nebraska - law similar to Oregon's. However, constitutionality of bill has been questioned. If you are inactive in nursing for five years or longer, you should get in touch with your state "Board".

In New Hampshire - you do not have to show proof of continuing education unless you are an advanced registered nurse practitioner.

At the request of the Pennsylvania Nurses' Association, SENATE BILL No. 684 was introduced by Smith, Orlando, Scanlon, Lewis, and McKinney on March 30, 1977.

SENATE BILL No. 684 is an act amending the act of May 22, 1951 (P.L. 317, No. 69), entitled, as amended "An act relating to the practice of professional nursing; providing for the licensing of nurses and for the revocation and suspension of such licenses, subject to appeal, and for their reinstatement; providing for the renewal of

such licenses; regulating nursing in general; prescribing penalties and repealing certain laws," providing for a continuing education program.

The act of May 22, 1951 (P.L. 317, No. 69), known as "The Professional Nursing Law," was amended July 3, 1974 (P.L. 432, No. 151). When act 151 was introduced there was a section pertaining to mandatory continuing education, but this was amended out prior to the passing of the bill.

If act 684 is passed, it will require participation in continuing education programs as a prerequisite for licensure of nurses. The Pennsylvania Nurses' Association (1977) attempted to clarify the intent of the legislation by publishing the following facts:

FACT: This legislation requires mandatory continuing education for the renewal of licenses for all registered nurses.

FACT: Rules and regulations to implement mandatory continuing education legislation will be developed by the State Board of Nurse Examiners with the assistance of a Technical Advisory Committee.

a) The committee will consist of representatives of specialty nursing organizations deemed appropriate by the State Board of Nurse Examiners.

b) This Technical Advisory Committee with the State Board of Nurse Examiners will develop regulations to outline an approval mechanism for programs, number of hours of participation required, any exceptions such as out of state and out of country nurses, requirements for nurses on inactive status to reactivate licenses, R.N. students and such other matters.

FACT: At no time, may the State Board of Nurse Examiners amend these regulations without the assistance of this advisory committee.

FACT: It is not the intent of this legislation to impose continuing education requirements on nurses with inactive licenses.

According to a report prepared by NAPNES and The Journal of Practical Nursing (1977) on licensing and continuing education requirements:

> Alabama: H.B. 401, Act 758/77 would authorize the Alabama Board of Nursing to promote continuing education for nurses, and to make an appropriation to the Alabama Board of Nursing to fund the development and production of continuing nursing education programs, seminars and workshops for nurses.
>
> Arkansas: S.B. 69, Act 88/77 would amend the Arkansas Nurse Practice Act to allow for issuance of a temporary permit to practice nursing for graduates of approved programs, between the dates of graduation and notification of results of second licensing examination for which they are eligible. S.B. 68, Act 87/77 allows the Arkansas State Board of Nursing to implement procedures to allow for the cyclical renewal of licenses to practice nursing.
>
> Georgia: H.B. 697, Act 674/77 would amend an act providing for the licensing of practical nurses. Among other things, the amendment changes the designation of practical nurse to licensed practical nurse, and changes the qualifications for licensure and examination as an L.P.N.
>
> Mississippi: S.B. 2543, Chapter 353/77 is an act to eleminate the requirements that an applicant for a license to practice nursing in the state must be a citizen of the United States, or have legally declared the intention of becoming one.
>
> South Dakota: H.B. 663 amends the Nurse Practice Act to allow an L.P.N. licensed outside of South Dakcta by equivalency to be licensed in South Dakota if all other South Dakota requirements are met.
>
> Bills introduced in Iowa, Pennsylvania, New York and Illinois legislatures would amend or revise the nurse practice act to require continuing education for relicensure at varying times in the future.

The state of Michigan may set an interesting trend toward assessing competence according to Butherus (1977). Butherus states that in Michigan there is a new public health code which, if it becomes law, will direct the board of

nursing to set up, within six years, examinations for continued competency in the field in which the individual is employed. She further states that this would set a model for a measurement of continued competency rather than just a collection of contact hours.

CONTINUING EDUCATION AND HOSPITALS

The American Hospital Association (1975) supports continuing education in health care and has made the following statement:

> The process of continuing education and training enable hospitals and other health care agencies to fulfill their responsibility for maintaining and improving the competencies of all those who function within these organizations. Hospitals and other health care agencies must ensure that effective opportunities for continuing education and training are available. They can accomplish and finance such opportunities through programs provided by the institution itself, by associations, by educational institutions, or by other resources. When hospitals and other health care agencies request or require employees to improve their specific job competencies through continuing education, these institutions should pay for it.
>
> However nothing in the foregoing is intended to minimize the personal responsibility of all health care personnel to maintain and improve their own competence through continuing education.

Many hospitals have found that they must support this concept if they want to be accredited. Hospitals are therefore providing in-service continuing education courses for their nursing employees. These courses allow the nurse to accumulate continuing education units, if they have been approved. These continuing education units are being offered, by the hospitals, at a time that is convenient for the hospital's

nursing staff. Some hospitals have extended the invitation to nurse educators, affiliated with their institution, to participate in these continuing education programs. This is a possibility, but the time element often makes attendance impossible. The continuing education units are usually offered in the afternoon when instructors are involved with students either in the classroom or clinical area. Another area of concern would be individual needs. Are the continuing education needs of the nurse employed by a hospital the same as the continuing education needs of the nursing instructor?

Higher educational institutions are also offering continuing education units for nurses, but again the time element involved presents a problem. All-day symposiums and classes are usually offered between eight o'clock in the morning and five o'clock in the afternoon, Monday through Friday. This conflicts with the school week which also runs Monday through Friday.

Larocco (1977) feels patients or consumers of health care should pay part of the cost of improving the very skills that benefit them. This would mean that one of the future benefits of hospital-employed nurses might be compensation for continuing education. How would this affect the nurse educator? If she were employed by the hospital, her benefits would probably be comparable to those of other employees; but this is seldom the case. Most nurse educators are employed by educational institutions that require a degree for employ-

ment. Compensation may be given for credits accumulated beyond the baccalaureate degree, but at the present time there appears to be no plan for nurse educators to be compensated for accumulating continuing education units.

Some controversy may develop if hospitals must provide continuing education for employees, in order to be accredited, and nurse educators come into the institution without being involved in any continuing education programs. If the hospital agrees to let them function within the facility, will they lose their accreditation? If the hospital refuses to let nurse educators utilize the facility for student education, because the instructor does not meet continuing education requirements, what then can be done about the students' clinical experience?

Schweer (1971) states the learning climate must be supportive if professional nurses are to develop the concept of learning as a lifelong activity. Schools of nursing can create a desirable climate by administrative support of continued learning and by making opportunities available to faculty for the additional learning experiences they need to keep up with changing practice. Faculty members must serve as role models and assume responsibility for their own continuous self-improvement, and must integrate the concept of continuing education into various aspects of the curriculum.

Stuart (1975) notes that within the arena of teacher education, it is recognized and built within the system that formal continuing education is desirable, necessary, and re-

quired for recognition and advancement. If the nurse educator has received no prior teacher education, can she be expected to view continuing education in this manner?

RULES AND REGULATIONS OF THE PENNSYLVANIA STATE BOARD OF NURSE EXAMINERS FOR PRACTICAL NURSES FACULTY

According to Rules and Regulations of the State Board of Nurse Examiners for Practical Nurses (1977) 21.192 Faculty qualifications:

(a) The qualifications of the nurse director or nurse coordinator shall be as follows:

(1) Graduation from an approved school of professional nursing.
(2) Current registration as a professional nurse in this Commonwealth.
(3) A baccalaureate degree, preferably in nursing, with experience in the areas of nursing, nursing education and educational administration. The nurse director or coordinator shall give evidence of ability to provide leadership and shall have a specific plan for completing work towards a master's degree with evidence of consistent effort toward completion of the plan.

(b) The qualifications of the instructors shall be as follows:

(1) Graduation from an approved school of professional nursing.
(2) Current registration as a professional nurse in this Commonwealth.
(3) A baccalaureate degree, preferably in nursing, with additional preparation for teaching appropriate to the teaching of practical nursing.
(4) Experience and skill in the practice of nursing.
(5) Nursing experience involving direct patient care or teaching experience within two years of employment. Faculty and instructors shall give evidence of maintaining expertness in clinical and functional areas of responsibility.

(c) Faculty or instructors with less academic preparation may be employed if qualified personnel is not

> available provided that less qualified faculty and instructors shall function under the direct guidance of a fully qualified faculty member and shall give evidence of continuing their academic preparation.

This points out the fact that coordinators and instructors of practical nursing must be currently licensed in order to continue teaching in practical nursing programs. Therefore if continuing education, in nursing, is mandatory provisions will have to be made for the faculty to accumulate continuing education units in order to retain their license.

Many practical nursing coordinators and instructors are employed by area vocational-technical schools, and little, if any, in-service is provided to meet their continuing education needs at present.

According to surveys conducted by the State Board of Nurse Examiners, between the years 1972 and 1976, there were thirty-two practical nursing programs throughout the Commonwealth with faculty members that did not meet minimum qualifications for practical nursing instructors.

Continuing education opportunities are scattered rather unsystematically across our continent. Despite the existence of some very excellent and comprehensive programs in many parts of the country, there appears to be vast geographic areas where few resources are available to health care professionals seeking to strengthen their professional skills (Radcliffe, 1977).

MOBILITY OF NURSES

The Pennsylvania State Board of Nurse Examiners has continued to note an increase in the number of licensed practical nurses and registered professional nurses endorsed out of the Commonwealth. In 1972 the number of licensed practical nurses endorsed into Pennsylvania was 216, and the number endorsed out of the state was 728. In 1976 there were 268 practical nurses endorsed into the state, and 1,673 endorsed out of Pennsylvania.

APPROVAL AND RECOGNITION OF CONTINUING EDUCATION

According to Glancy and Courtney (1974) a National Planning Conference--sponsored by the National University Extension Association, the American Association of Collegiate Registrars and Admissions Offices, the U.S. Civil Service Commission, and the U.S. Office of Education--evaluated the need for a uniform measure in 1968 and created a National Task Force to develop it. They note that after two-years' deliberation, the continuing education unit (CEU) was defined and tested in a one-year pilot project involving fourteen universities.

The use of the continuing education unit (CEU) spread to nursing education when West Virginia University started awarding them and recording them for R.N. courses.

Glancy and Courtney (1974) note that many state nurses' associations have recognized the advantages of the

continuing education unit (CEU) and are attempting to incorporate it into their own programs. The continuing education unit (CEU) not only benefits individual members, but provides the associations with uniform statistical data for budgets, program planning, funding, and comparison studies with other organizations.

According to Donahoo (1976) the criteria and standards now being used for accreditation and/or approval of continuing education on a national level are found in Standards for Continuing Education in Nursing, and Accreditation of Continuing Education in Nursing. She adds that these, along with the Policies and Procedures for Accreditation as developed by the National Accreditation Board, are used to review continuing education programs or offerings and grant accreditation or approval. She also says that this accreditation, or approval of a program or offering tells the nurse, who is the potential registrant for such a program or offering, that it has met the established national criteria. This would imply that the program or offering should be accepted by any state or agency.

> Most of the voluntary programs which now exist in states from coast to coast use contact hours (50 minutes of approved organized learning experience or two hours of planned and supervised clinical practice designed to meet educational objectives) as the measurement unit. Ten of these contact hours equal 1 continuing education unit (CEU). At the present time some states recognition points are used with one point equal to one contact hour. In other state systems, recognition points are used for activities which are recognized only within the state and are not transferable to contact hour or CEU. (The American Journal of Nursing, 1977)

Glancy and Courtney (1974) state that unfortunately, some nurses' organizations have devised their own definitions of what constitutes a CEU. They further state that such local or even statewide accepted definitions that have little or no meaning in other areas or states defeat the very purpose for which the CEU was devised--to identify and measure a specific educational activity that meets a nationally accepted standard for continuing education. They feel that failure to achieve that standard radically reduces the value of the units of continuing education the nurse earns.

Masdea and Vogel (1974) recommended that national standards for continuing education be adopted. They see only chaos unless a national plan concerning continuing education and the continuing education unit (CEU) is implemented.

According to Donahoo (1976) the necessity for some type of prior national approval and acceptance of educational offerings becomes obvious, although the actual mechanism for this may not be understood.

Benita Baumgarten, R.N., executive director of the New Jersey Nurses' Association states, "We feel strongly that the continuing education unit (CEU) criteria must not be violated. Therefore, we are using the recognition point while studying the CEU criteria." (RN, October 1974)

The Council on Nursing Education of the Pennsylvania Nurses' Association has defined the guidelines by which they will become involved in programs of continuing education. They are as follows:

PNA will sponsor or cosponsor, endorse, or approve a program.

PNA sponsorship or cosponsorship shall be deemed to involve PNA in the collaborative endeavor from inception of the enterprise, continuing throughout the development until completion.

PNA participation in sponsorship or cosponsorship may be in any or all of the following capacities: financial, administrative or advisory.

PNA endorsement shall be deemed to involve PNA in the cooperative endeavor at some time during development and before completion of the enterprise.

PNA participation in endorsement may be in either administrative or advisory capacity, or both, but not usually or necessarily in any financial capacity.

PNA approval shall be deemed to involve PNA in the cooperating endeavor either during development or at completion of the enterprise.

PNA participation in approval shall be solely in an advisory capacity and shall signify acceptance. (The Pennsylvania Nurse, June 1975)

Before PNA will approve the program the following criteria must be met:

1. The content is consistent with the policies and positions of the association.

2. The presenting organization is health-related.

3. The content of the program is applicable to nursing.

4. Nurses participate in the planning and presentation of the program. ("Guidelines for Continuing Education", The Pennsylvania Nurse, June 1975)

According to PNA, clinical programs must reflect learning objectives, instructional design, plan for evaluation of the learning, description of the clinical supervisory

process and the qualifications of the persons involved in the clinical supervisory process. One hour of planned, supervised clinical practice is equivalent to one contact hour. PNA defines the continuing education unit as ten 50-minute contact hours in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. In addition, the program is examined to see that it concurs with the American Nurses' Association definition of continuing education, which is:

> Continuing education in nursing consists of systematic learning experience designed to enlarge the knowledge and skill of nurses. As distinct from education toward an academic degree or preparing as a beginning professional practitioner, continuing education activities have more specific content applicable to the individual's immediate goals; are generally of shorter duration; are sponsored by colleges, universities, health agencies, and professional organizations; and may be conducted in a variety of settings. (The Pennsylvania Nurse, June 1975)

When The National Federation of Licensed Practical Nurses, Inc. (NFLPN) launched its Achievement Point Program in 1968, it became one of the early leaders in the continuing education movement in the United States. Since that time, some new concepts in continuing education have been developed by a thirteen-member National Task Force on continuing education. The National Task Force recommended the continuing education unit (CEU) as a uniform national standard of measurement for all continuing education and established criteria and standards for awarding units. NFLPN recognized the value of the unit of measurement to Licensed Practical and Vocational Nurses. Therefore, action was taken to adopt the

continuing education unit (CEU) standards as a replacement for the Achievement Point Program. (The ABCs of the CEU, September 1976)

NURSES' ASSOCIATIONS SUPPORT OF CONTINUING EDUCATION

The issue of mandatory versus voluntary continuing education in nursing was discussed at the A.N.A. Convention in San Francisco in June, 1974. A resolution was passed indicating the association's strong support and assistance in the development of state systems for mandatory continuing education. Today in almost all states, nurses' associations are conducting programs which recognize and/or record nurses' voluntary participation in continuing education and review and approve continuing education offerings. (A.J.N., March 1977)

The National Federation of Licensed Practical Nurses, Inc. (NFLPN) published a report entitled The ABCs of the CEU in September, 1976. The organization stated it was a sponsor of the CEU program. It also stated that through its Education Department it evaluates learning events... awards CEU credit...and maintains complete ongoing records for both members and nonmembers at its headquarters office in New York, N.Y.

NEGATIVE REACTIONS TO MANDATORY CONTINUING EDUCATION

Although the majority of national and state nurses' associations and their membership support the concept of mandatory continuing education, there are those who strongly oppose the concept.

Stuart (1975) contends that any move to a legislative mandate for continuing education in nursing will relinquish internal professional control in favor of external societal control. She feels that resources alone are lacking to meet such a requirement on a quantitative basis. She further states that some say continuing education can be fully supported on a fee basis; but with the spiralling costs of today, she feels this is an unrealistic statement.

Waxman (1976) asks what education is going to be mandatory? He notes that beyond basic knowledge and skills, nursing is increasingly a multi-disciplinary profession. He feels that the industrial nurse, the school nurse, the hospital staff nurse and the nurse clinician are sufficiently diverse in knowledge and skill requirements to make a generalized mandatory continuing education requirement impractical and/or ineffective.

Several areas of concern have emerged regarding continuing education. First, "who pays?"; second, "who controls?"; third, the categories of the continuing education unit (CEU) have yet to be established by legal means. (Journal of Practical Nursing, August 1975)

Susan Larocco (1977) is definitely for mandatory continuing education, but she cites the following strong arguments against mandatory continuing education:

1. There are not enough continuing education programs available.

2. Many programs available are useless.

3. There are not enough qualified nurses available to teach courses.

4. Who will pay the cost of continuing education?

5. How will the unemployed nurse retain her license?

IN-SERVICE EDUCATION FOR VOCATIONAL EDUCATORS

In-service education is described by the Lysaught Commission Report (1970) as "A program administered by an employer designed to upgrade the knowledge or skills of the agency's own employees."

A Position Paper On The Funding Of Vocational Education Professional Personnel Development Programs In Pennsylvania suggests that the design and implementation of a vocational education professional personnel development system is essential if program growth is to continue at the projected rate. The paper suggested that in-service programs should be provided which:

1. Build upon the base established through formal education and entry level certification activities;

2. Provide an opportunity to learn new concepts and develop new skills as the needs of learners and society change;

3. Provide a basis for major or radical changes in curriculum that call for the development of new skills for successful adoption of new programs;

4. Clarify insights and perceptions for vocational educators as they transfer a new program of instruction into reality;

5. Update the occupational competencies of vocational teachers. (PDE Working Papers, April 8, 1976)

(Title I - Vocational Education) Vocational Education Personnel Training 20 USC 2355

"Sec. 135. (a) Funds available to the states under section 130 (a) may be used to support programs or projects designed to improve the qualifications of persons serving or preparing to serve in vocational education programs, including teachers, administrators, supervisors, and vocational guidance and counseling personnel, including programs or projects -

(1) to train or retrain teachers, and supervisors and trainers of teachers, in vocational education in new and emerging occupations:

(2) which provide in-service training for vocational education teachers and other staff members, to improve the quality of instruction, supervision and administration of vocational education programs, and to overcome sex bias in vocational education programs.

CERTIFICATION AND CREDENTIALING

Barlow and Reinhart (1968) stated that in order to facilitate the employment of vocational teachers, state certification requirements will need to be reviewed and adjusted and a massive in-service teacher education program will be needed in order to upgrade the occupational and pedagogical skills of vocational teachers.

According to McQuay (1977) the credentialing process for health personnel may include certification, licensure and registration. She adds that these processes constitute a series of screening mechanisms designed to identify health personnel thought to be competent and qualified to render medical care to the public. In order to become secondary health occupations teachers, another certification or credentialing process must be followed, that is, vocational teacher certification.

McQuay notes that every state requires that a person have a certificate in order to teach in the public schools; however, the certification process may vary from state to state. At the present time postsecondary practical nursing instructors cannot become certified as vocational teachers, because according to the Department of Education, they are not professionals. If they do not teach K-12 in the public schools, then they are considered nonprofessionals, and cannot be certified in this state. (Written communication to the Jefferson County-DuBois Area Vocational-Technical School from the Department of Education, 1976)

The Pennsylvania Labor Relations Board Case No. PERA-U-6828-W concluded that Practical Nursing Instructors are professional employees and share a community of interest with the full-time instructors, guidance counselors, librarians and nurses at the Jefferson County-DuBois Area Vocational-Technical School (October 10, 1975).

If the instructor cannot be vocationally certified then her job opportunities in vocational education are limited. In order to become the director of an AVTS, one must be able to be certified in vocational education, therefore this job opportunity does not presently exist for this individual. This is a form of discrimination, and should be resolved by legislative or judicial action.

Pennell (1973) states that certification practices for the allied health professions have been developed by nongovernmental agencies and associations over a long period of time without any effort to coordinate them. In September 1971 the Association of Schools of Allied Health Professions conducted a conference, which was sponsored by the Division of Allied Health Manpower, for representatives of selected health professions and the bodies responsible for certifying or registering health personnel. At the conference the participants discussed certification problems that are inhibiting career mobility, thus showing the need for a national certification system.

According to a Feasibility Study Of A Voluntary National Certification System For Allied Health Personnel,

published by the U.S. Department of Health, Education and Welfare on March 31, 1974 a national certification system is feasible. The major conclusion, of the study, is that a system, national in scope and based upon voluntary collaboration of certifying bodies, is capable of being dealt with successfully. Governmental involvement beyond the creation of a compatible policy environment and operational recognition of the value of certification is not needed to sustain the system. (U.S. Dept. HEW, 1974)

Kelly (1973) states that both the American Medical Association and the American Hospital Association in 1970 adopted resolutions calling for a nationwide moratorium on licensure of any additional categories of health personnel. She adds that they were joined in this stance by the American Public Health Association, the American Nurses' Association, the National League for Nursing and others. She noted that in June, 1971 a DHEW report on Licensure and Related Health Personnel Credentialing, reiterated this viewpoint, recommending a two-year moratorium by all states. Kelly further notes that the report also recommended that "The concept of extending institutional licensure--to include the regulation of health personnel beyond the traditional facility licensure--has important potential as a supplement or alternative to existing forms of individual licensure." Demonstration projects should be initiated as soon as practicable. The HEW report warns that institutional licensure should not be regarded as a panacea for the present licensing problem, but

rather as significant in its recognition of foreseeable trends in the organization of health care delivery patterns.

HEALTH OCCUPATIONS EDUCATION

Prior to 1956, Health Occupations Education was a relative unknown insofar as the system of public education was concerned. However, as the 1956 Public Health Amendments authorized federal funds to support "health occupations" education, public education became involved in this area and the term "health occupations" education was defined under the law to mean those occupations in the health field requiring preparation below the baccalaureate level (Powers, 1970). Following this legislation, practical nursing as well as other programs preparing health workers were initiated. Such programs showed a steady increase into the 1960's when there was a rapid growth of school-based Health Occupations Education programs financed with public funds. From a national enrollment figure of some 10,000 health occupations education students in the early 1950's, this figure increased to nearly 270,000 in 1971, with federal/state/local expenditures exceeding 120 million dollars annually (Powers, 1970).

Overall, the change in health occupations enrollment during the five years (1970-1971 to 1974-1975) was an increase of 77.37 percent. As part of the total in Vocational Education, it increased 0.98 percentage points (Five Year Analysis of Vocational Education in Pennsylvania, 1976).

After a quarter of a century, health occupations education has progressed to the point of becoming a viable system. Concomitantly however, although health occupations education is the fastest growing vocational and technical field, teacher education activities have not kept up with the rapid expansion of programs (Holloway and Bailey, 1971).

Cotrell (1971) contends that a concerted effort has to be made to provide formalized degree programs to serve all of vocational education personnel.

Holloway and Bailey (1971) addressed the fact that, for the most part, technically competent instructional staff members come from the ranks of those prepared and experienced in the health field, which does not prepare them as teachers. They state:

> If these teachers are to maximize learning in the activities for which they are responsible, they need assistance in gaining the necessary teaching competencies before beginning, or early in their teaching career. In most instances the only acquaintance with the teaching process that such instructors have is their own experience as a student. These were often in a higher level program and may be inappropriate for the group being taught. Also, such experiences have failed to include many of the more modern and innovative learning strategies.

Kerr (1974) suggests some "basic characteristics needed for effective leadership in health occupations education". She contends that a leader for this field must be familiar with the total education system and the role of vocational education within it, as well as:

> ...have a commitment to the philosophy and goals of vocational and technical education;

where required or appropriate, have achieved competence in a health profession and all the necessary credentials required by that profession or group;

be somewhat familiar with various health professions;

possess skills in curriculum development, instructional process, and counseling;

identify and work with health professional associations and agencies which set standards for educational professionalism;

be alert to community health care needs, and identify and use community resources to help meet these needs;

be familiar with the needs of and the current and new developments in the health care delivery system;

be familiar with existing and potential state and national legislation that affects or has implications for the field of education in general, vocational education and government;

have the ability to prepare and administer budgets.

Hole, Cole and Kelly (1977) state if teacher education programs are to be relevant, effective, and responsible to teacher needs, the relationship between teachers' education and their ultimate functioning as teachers must be continually assessed.

According to McQuay (1977) educational programs in vocational industrial education exist at the following Pennsylvania universities:

1. The Pennsylvania State University
2. Temple University
3. University of Pittsburgh

Each of the above certifying institutions also offers certification for health occupations instructors under the Trade and Industrial area.

Hole, Cole and Kelly (1977) in their research report, Assessment of Educational Needs for the Preparation of Health Occupations Education Teachers and Administrators in Pennsylvania, made the following recommendations:

1. An education program designed specifically for health occupations teachers and administrators should be established. Such a program should reflect the following components:
    a. an orientation to the overall philosophy of vocational education and health occupations education, and how a particular program fits into the total area of health occupations
    b. the opportunity to develop teaching competencies e.g., ability in curriculum development and instructional processes
    c. the recognition of competency-based equivalency of various health workers.

2. Certification guidelines and standards which take into account different health backgrounds of teachers and current assessment of needs should be considered. The criteria for certification needs to include the following components:
    a. a minimum of preparation in a health speciality
    b. flexible requirements to accommodate individual differences
    c. program offerings at a variety of locations and institutions.

Summary

The state of Pennsylvania has a growing need for health personnel. This need can only be met by qualified instructors. At the present time there is a shortage of qualified health occupations teachers, which leads one to wonder how long the Commonwealth can allow this situation to exist. The solution appears to lie with institutions of higher learning. Colleges and universities, throughout the state, need to develop programs to meet the continuing education needs of all individuals involved with teaching in health occupations programs.

Chapter 3

METHODOLOGY

An ERIC (Educational Resources Information Center) search was used to retrieve information for the review of literature. Under the search titles, "Mandatory Continuing Education," "Continuing Education Units," "Continuing Education," "Professional Continuing Education," "Inservice," "Practical Nursing," "Practical Nurses," "Nursing," and "Nurses," one hundred and twenty-four articles and twenty-nine dissertation abstracts were retrieved (1965-1976).

A search of the literature was conducted to analyze literature on continuing education in the health professions, to review present status of continuing education in Pennsylvania and throughout the United States, and to project the future continuing education needs of the practical nursing instructor.

The following Pennsylvania nursing legislation was reviewed: (P.L. 317, No. 69), (P.L. 432, No. 151), and Senate Bill, No. 684.

Other literature reviewed included: PNA Fact Sheet on Continuing Education (1977); Pennsylvania Department of Education Position Paper on The Funding of Vocational Education Professional Personnel Development Programs in Pennsylvania (1976); Five Year Analysis of Vocational

Education in Pennsylvania (1976); 1976 Amendments to the Vocational Education Act of 1963; The ABC's of the CEU by The National Federation of Licensed Practical Nurses, Inc. (1976); Problems of Change in the Preparation of Teachers for the Health Occupations (Hole, 1974); and federal legislation affecting Vocational Education and Health Occupations.

A search was made of nursing journals including: Journal of Practical Nursing; American Journal of Nursing; Nursing 75; Nursing 76; Nursing 77; Nursing Care; R.N.; Nursing Outlook; and The Pennsylvania Nurse.

The following monographs published by the Pennsylvania State University were also reviewed: Assessment of Inservice Needs of Part-Time Adult Vocational Teachers in Pennsylvania, A Supply and Demand of Secondary Education Health Occupations Teachers in Pennsylvania, Assessment of Educational Needs for the Preparation of Health Occupations Education Teachers and Administrators in Pennsylvania.

It was noted in the review of literature that the majority of the references had been published within the last two years. Only eight of the references retrieved were published prior to 1970.

A search of the literature was made to analyze its affect on the practical nursing instructor and to project recommendations for a long-term plan of staff development for practical nursing instructors.

Chapter 4

SYNTHESIS OF LITERATURE REVIEW

Introduction

The review of literature for this study covered the educational component, and the nursing component of continuing education. These topics and their relationship to the practical nursing instructor will be discussed in two sections of this chapter.

Educational Component

Borkovich and Welch (1975) found that for some time, Pennsylvania has been losing many nurses to the ranks of teaching. Some of these nurses have been hired to teach in schools of practical nursing with no pre-service or in-service to guide them in their efforts. Many of these professional nurses do not hold baccalaureate degrees, and therefore, do not meet minimum qualifications as set forth by the Pennsylvania State Board of Nurse Examiners. Between the years 1972 and 1976, State Board surveys show that there were thirty-two practical nursing programs throughout the Commonwealth with faculty members that did not meet minimum qualifications for practical nursing instructors.

According to Rules and Regulations of the State Board of Nurse Examiners for Practical Nurses (1977), Faculty

qualifications include a baccalaureate degree, preferably in nursing, with additional preparation for teaching appropriate to the teaching of practical nursing. Where does the nurse educator get this additional preparation to teach?

McQuay (1977) states that educational programs in vocational industrial education exist at the following Pennsylvania universities:

1. The Pennsylvania State University
2. Temple University
3. University of Pittsburgh

Each of the above certifying institutions also offers certification for health occupations instructors under the Trade and Industrial area.

Hole, Cole and Kelly (1977) note the fact that health occupations teachers are vocational educators and, as such, they not only must know what to teach, but also how to teach it.

Cotrell (1971) contends that a concerted effort has to be made to provide formalized degree programs to serve all of vocational education personnel.

Holloway and Bailey (1971) addressed the fact that, for the most part, technically competent instructional staff members come from the ranks of those prepared and experienced in the health field, which does not prepare them as teachers. They state:

> If these teachers are to maximize learning in the activities for which they are responsible, they need assistance in gaining the necessary teaching competencies

before beginning, or early in their teaching career. In most instances the only acquaintance with the teaching process that such instructors have is their own experience as a student. These were often in a higher level program and may be inappropriate for the group being taught. Also, such experiences have failed to include many of the more modern and innovative learning strategies.

Kerr (1974) suggests some "basic characteristics needed for effective leadership in health occupations education". She contends that a leader for this field must be familiar with the total education system and the role of vocational education within it, as well as:

> ...have a commitment to the philosophy and goals of vocational and technical education;
>
> where required or appropriate, have achieved competence in a health profession and all the necessary credentials required by that profession or group;
>
> be somewhat familiar with various health professions;
>
> possess skills in curriculum development, instructional process, and counseling;
>
> identify and work with health professional associations and agencies which set standards for educational professionalism;
>
> be alert to community health care needs, and identify and use community resources to help meet these needs;
>
> be familiar with the needs of and the current and new developments in the health care delivery system;
>
> be familiar with existing and potential state and national legislation that affects or has implications for the field of education in general, vocational education, and government;
>
> have the ability to prepare and administer budgets.

Hole, Cole and Kelly (1977) have done extensive research at the Pennsylvania State University on Assessment of Educational Needs for the Preparation of Health Occupations

Education Teachers and Administrators in Pennsylvania. They have made the following recommendations:

1. An education program designed specifically for health occupations teachers and administrators should be established. Such a program should reflect the following components:
   a. an orientation to the overall philosophy of vocational education and health occupations education, and how a particular program fits into the area of health occupations.
   b. the opportunity to develop teaching competencies e.g., ability in curriculum development and instructional processes.
   c. the recognition of competency-based equivalency of various health workers.

2. Certification guidelines and standards which take into account different health backgrounds of teachers and current assessment of needs should be considered. The criteria for certification needs to include the following components:
   a. a minimum of preparation in a health speciality
   b. flexible requirements to accommodate individual differences
   c. program offerings at a variety of locations and institutions.

Borkovich and Welch (1975) note that research they have reviewed has indicated that by 1980 there will be a minimum of fifty additional postsecondary health occupations teachers needed to meet the needs of new and expanded programs. Harding (1975) states that foremost among postsecondary health occupations education programs is the practical nursing course.

Knowles (1970) speaks of the main differences in the assumptions between pedagogy and andragogy, and states these will indicate some technological implications for continuing professional education.

At present certification and credentialing can be viewed from various angles. It would appear that a national certification system is feasible, and in the future may become a reality. Vocational educators must be certified in order to teach in the public schools. In Pennsylvania this does not include postsecondary teachers, and at the present time there is no way that an instructor of practical nursing can become certified. This limits job opportunities, and discriminates against the postsecondary teacher.

Nursing Component

At the present time five states have laws mandating proof of continuing education in nursing for relicensure. Many other states anticipate continuing education legislation within the next decade. Pennsylvania introduced Senate Bill No. 684 on March 30, 1977. This bill, if passed, will require participation in continuing education as a prerequisite for licensure. Practical nursing instructors will therefore have to consider the nursing component when planning for continuing education.

Popiel (1973) includes in-service, staff development, refresher courses, workshops, institutes, conferences, programmed instruction, self study, and on the job consultation all under the umbrella of continuing education. Stuart (1975) questions whether continuing education is clearly definable.

The American Hospital Association (1975) supports continuing education, and many hospitals have found that they must support this concept in order to be accredited. This may eventually force nurse educators to be involved in nursing continuing education, even if it is not mandated in their state, in order to supervise students in the clinical area. The continuing education needs of the nurse educator must be considered. Are the nurse educators needs the same as the hospital staff nurse?

If mandatory continuing education becomes necessary for relicensure in Pennsylvania, then time and programs must be made available to coordinators and instructors of practical nursing, as they must be currently licensed in order to continue teaching in these programs.

According to Resources for Continuing Education in Health Care, (Radcliffe, 1977) continuing education opportunities are scattered rather unsystematically across our continent. Despite the existence of some very excellent and comprehensive programs in many parts of the country, there appear to be vast geographic areas where few resources are available to health care professionals seeking to strengthen their professional skills.

Although the majority of national and state nurses' associations, and their membership support the concept of mandatory continuing education, there are those who strongly oppose the concept. Some of the arguments against mandatory continuing education include the fact that there are not

enough continuing education programs available; that many of the programs available are useless; and that there are not enough qualified nurses available to teach courses.

Glancy and Courtney (1974) state that unfortunately, some nurses' associations have devised their own definitions of what constitutes a continuing education unit (CEU). They contend that such local or even statewide accepted definitions that have little or no meaning in other areas or states defeat the very purpose for which the continuing education unit (CEU) was devised. Masdea and Vogel (1974) recommend that national standards for continuing education be adopted. They see only chaos unless a national plan concerning continuing education and the continuing education unit (CEU) is implemented.

The American Nurses' Association and the National League for Nursing have strongly recommended that nurses receive their basic education in institutions of higher learning. The Pennsylvania Nurses' Association "supports the concept that by 1985 all candidates for initial licensure to practice professional nursing hold a baccalaureate degree, with a major in nursing" (PNA Convention in Lancaster, 1976). Each of these statements point to the need for a baccalaureate degree, but this in itself will not prepare the nurse to teach. New York State's 1985 Resolution has even greater implications for the practical nursing instructor, as this Resolution would phase out practical nursing programs. This would certainly decrease the number of nurses in the state of Pennsylvania.

In summary, the educational component and nursing component cannot be considered separately in Continuing Education. Institutions of higher learning must incorporate these components in planning Health Occupations Education programs in order to meet the needs and various roles of those employed in Health Occupations.

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter provides a summary of this study, conclusions based on information obtained for this study, and recommendations based on the findings and conclusions of this study.

Summary

The purpose of this study was to review the literature on continuing education to: (1) identify continuing education literature related to practical nursing instructors, (2) analyze the literature to see how it affects the practical nursing instructor, and (3) make recommendations for a long-term plan of staff development for practical nursing instructors.

The literature revealed that there is a definite need for a plan of staff development for practical nursing instructors. Many individuals teaching in these programs are not qualified, and there is a projected need for at least 50 additional instructors by 1980. At present there are no continuing education courses available specifically for practical nursing instructors, but these will need to be developed by institutions of higher learning if continuing education becomes mandatory. These courses will have to be located within a reasonable commuting distance.

Conclusions

This study contends that there is a critical need for qualified instructors in practical nursing. Between the years 1972 and 1976, there were 32 practical nursing programs throughout the Commonwealth with faculty members that did not meet minimum qualifications according to surveys conducted by the State Board of Nurse Examiners. Borkovich and Welch (1975) have predicted that a minimum of 50 additional postsecondary health occupations teachers will be needed by 1980.

Many instructors in practical nursing fall under part (c) of the Rules and Regulations of the State Board of Nurse Examiners when they are hired to teach in these programs. They must then contend with working full time and accumulating credits toward a baccalaureate degree. Since, by in large, we are talking about a profession that attracts mainly females, additional facts must be considered. These would include:

1. Care of a home
2. The rearing of children
3. Family life and responsibilities

The "Board" also recommends that the instructor secure additional preparation for teaching. Senate Bill No. 684, if passed, would require mandatory continuing education for relicensure, which the instructor would need in order to continue teaching in practical nursing programs. If all these requirements for continuing education become necessary, then

the possibility of a high turnover rate for instructors should be considered. An individual cannot be expected to keep this pace for from two to six years while working toward a baccalaureate degree.

At the present time, there are not enough institutions of higher learning in the Commonwealth offering continuing education courses for health occupations teachers. Many individuals have to spend three, four or more hours commuting to and from classes. Classes are often scheduled on days and during hours that make attendance impossible if one must commute any distance. Many practical nursing instructors work under eleven or twelve month contracts making summer sessions also an impossibility.

Continuing education in nursing appears to be controversial and in a state of confusion. There are many definitions of continuing education, but not one that is acceptable to everyone concerned. The continuing education unit (CEU) has been defined, and several other professions have adopted this as their unit of measure for continuing education. Nursing continues to vacillate with a variety of ways to measure and record continuing education exposure. Legislation has made this concept mandatory in five states, and many other states are in the process of doing the same.

In the midst of the continuing education chaos comes New York's "1985 Resolution" which supports the concept that by 1985 all candidates for initial licensure to practice professional nursing hold a baccalaureate degree, with a

major in nursing. This phases out the practical nursing programs, and in many ways puts health care facilities in a precarious position.

Although continuing education is in a state of chaos, there is merit in this concept for the future as the public is demanding accountability in health services. With medical technology evolving at an ever increasing rate, it would seem logical to expect that some form of continuing education for the nurse would be necessary to meet the ever changing needs of her future patients.

Recommendations

The following recommendations are based on the findings and conclusions of this study:

1. Institutions of higher learning need to design programs for health occupations teachers, taking into consideration working hours during the week, and the length of school contracts.

2. Institutions of higher education in the Commonwealth need to set up continuing education courses throughout the state to eliminate hours wasted in commuting.

3. Certification standards should be developed for postsecondary vocational educators throughout the United States.

4. Nationally, professional organizations need to agree on a method of evaluating continuing education, so that credit can be transferred and accepted from state to state throughout the nation.

5. Prior to supporting the 1985 Resolution, made by the State of New York, a feasibility study should be made by each State Board of Nurse Examiners to see if their state has enough institutions of higher learning, and enough qualified nurses, and nursing instructors to support this concept by that date.

6. A national panel should be appointed to define continuing education in nursing and to delineate and set continuing education standards for each of the speciality areas in nursing, i.e., industrial nurse, nurse educator, staff nurse, nurse practitioner, nurse administrator, etc.

7. Health Occupations Education courses set up by institutions of higher learning to incorporate the nursing component with the educational component so that all continuing education needs are met.

8. Additional studies on continuing education to keep accessing the status of mandatory continuing education.

BIBLIOGRAPHY

ADAA "Rules and regulations for certification renewal," The Dental Assistant, Vol. 43, No. 11, November 1974.

Adams, Alice E., "Continuing Education in State Universities," Nursing Outlook, Vol. 24, No. 5, May 1976.

Adams, Shirley, "A Study Tool for Independent Learning in Nursing," The Journal of Continuing Education in Nursing, Vol. 2, No. 3, May-June 1971.

American Hospital Association, "Health Manpower Education And Training: Role and Responsibility of Hospitals And Other Health Care Agencies," The Journal of Continuing Education in Nursing, Vol. 6, No. 3, May-June 1975.

American Hospital Association Statement on Continuing Education in Health Care Institutions, Hospitals, Journal of the American Hospital Association, Vol. 49, No. 19, October 1975.

American Nurses' Association: Avenues for continued learning, New York, 1967.

A.N.A. Convention 1974, American Journal of Nursing, Vol. 74, No. 7, July 1974.

Borkovich, George S. and Frederick G. Welch, Research report of A Supply and Demand of Secondary Health Occupations Teachers in Pennsylvania, University Park: The Pennsylvania State University, 1975.

Bullough, Bonnie and Vern Bullough, "A Career Ladder in Nursing: Problems and Prospects," American Journal of Nursing, Vol. 71, No. 10, October 1971.

Butherus, G. Constance, "Where Do You Stand in The Continuing Education Picture?", The Journal of Practical Nursing, Vol. XXVII, No. 9, September 1977.

Campbell, William and Stephen Ballou, Form and Style, 4th ed., Houghton Mifflin Company, Boston, 1974.

Conley, Veronica L. and Carol M. Larson, "Among Regional Medical Programs An Enduring Commitment," The Journal of Continuing Education in Nursing, Vol. 1, No. 4, Nov.-Dec. 1970.

Continuing Education Programs in Nursing. Two Documents: The Florida Nurses Association Landmark Statement and Maryland Practical Nurses Association Continuing Education Program. Florida Nurses Association, Orlando; Maryland Licensed Practical Nurses Association, Baltimore; 1973.

Cooper, Signe S., "A Brief History of Continuing Education in Nursing in the United States," Journal of Continuing Education in Nursing, Vol. 4, No. 3, May-June 1973.

Copp, Laurel Archer, "Inservice Education Copes With Resistance to Change," Journal of Continuing Education in Nursing, Vol. 6, No. 2, March-April 1975.

Cotrell, Calvin, Model Curricula for Vocational Technical Teacher Education, Report No. 1, Columbus, Ohio: Ohio State University, December 1971.

Donahoo, Clara, "Accreditation of Continuing Education: The Nurse in Practice," Journal of Continuing Education in Nursing, Vol. 7, No. 5, Sept.-Oct. 1976.

Evans, Rupert, Ken Hoyt and Garth Magman, Career Education in the Middle/Junior High School, Salt Lake City: Olympus Publishing Company, 1973.

Evans, Rupert N., Vocational Education: Staff Development Priorities for the 70's, Washington, D.C.: National Advisory Council on Education Professions Development, 1973.

Feasibility Study of a Voluntary National Certification System for Allied Health Personnel by U.S. Department of Health, Education, and Welfare, March 31, 1974.

Fresolo, Dorothy T., "Teaching Rounds: A Way of Providing Continuing Education," The Journal of Continuing Education in Nursing, Vol. 5, No. 4, July-August 1974.

Fury, D., "Futurism and Health Occupations Education: The Implication of Change in the Delivery System," Occupational Education Quarterly, Vol. VI, No. 4, Spring 1975.

Gibbs, G. E., "Will continuing education be required for licensure renewal?", American Journal of Nursing, Vol. 71, No. 11, 1971.

Glancey, Keith E. and Margaret E. Courtney, "Making sense out of the CEU," RN, Vol. 37, No. 10, October 1974.

"Guidelines for Continuing Education," Pennsylvania Nurse, Vol. 30, No. 3, June 1975.

Gwaltney, Betty H., "The Continuing Education Unit," Nursing Outlook, Vol. 21, No. 8, August 1973.

Gwaltney, Betty H., "Recommendations from the National Conference on Continuing Education for Nurses," Journal of Continuing Education in Nursing, Vol. 1, No. 3, Sept.-Oct. 1970.

Harding, A. Louise, "Position-Paper Health Occupations Education," Harrisburg, Pennsylvania, Pennsylvania Department of Education, Bureau of Vocational Education, March 1975.

Hole, F. M., "Problems of Change in the Preparation of Teachers for the Health Occupations," presented at the University of Northern Colorado, Department of Vocational Education Conference, 1974.

Hole, F. Marvin, Lauretta Cole and Mary Ellen Kelly, Assessment of Educational Needs For The Preparation of Health Occupations Education Teachers and Administrators in Pennsylvania, University Park: The Pennsylvania State University, 1977.

Hole, F. Marvin, Stephen Hill and Carolyn B. Foust, Assessment of Inservice Needs of Part-Time Adult Vocational Teachers in Pennsylvania, University Park: The Pennsylvania State University, 1977.

Holloway, Lewis, and Larry Bailey, Final report on Developing Teaching Competencies Needed by Educational Personnel in Post-Secondary Health Occupations Programs, Iowa City: Iowa University, 1971.

"The impending problem: Implementation," RN, Vol. 37, No. 10, October 1974.

Kelly, Lucie Young, "Institutional Licensure," Nursing Outlook, Vol. 21, No. 9, September 1973.

Kerr, Elizabeth, "Characteristics Needed for Effective Leadership in Health Occupations Education," group discussion leader at the Health Occupations Education National Invitational Conference, Los Angeles, 1974.

Knowles, Malcolm S., "Gearing adult education for the seventies," Journal of Continuing Education in Nursing, Vol. 1, No. 1, May 1970.

Knowles, Malcolm S., The Modern Practice of Adult Education: Andragogy vs Pedagogy, Association Press, New York, N.Y., 1970.

Krebs, Alfred H., Guiding Principles for Evaluation Under the Vocational Education Act of 1963.

Krekeler, Kathleen, "Continuing Education -- Why?", Journal of Continuing Education in Nursing, Vol. 6, No. 2, March-April 1975.

Kubat, Janice, "Correlates of Professional Obsolescence: Part 1," Journal of Continuing Education in Nursing, Vol. 6, No. 6, November-December 1975.

Kuramoto, Alice M., "Professional Education, and its Implication for Continuing Education," Journal of Continuing Education in Nursing, Vol. 6, No. 2, March-April 1975.

Larocco, Susan Arendt, "The Time for Mandatory Continuing Education Is Now," Nursing 77, October 1977.

Lee, Barbara J., "Financial Support for Continuing Education," Journal of Continuing Education in Nursing, Vol. 2, No. 5, September-October 1971.

Leete, Burt A., "Continuing Legal Education: Should It Be Compulsory?", Journal of Legal Education, Vol. 27, No. 1, 1975.

Lembright, Katherine A., "Continuing Education Programs Within the American Heart Association," Journal of Continuing Education in Nursing, Vol. 1, No. 2, July 1970.

Lindgerg, D., "Continuing Education -- Who Is Going To Pay?", Journal of Practical Nursing, Vol. 25, No. 8, August 1975.

Luzinski, Ruth, "Continuing Education? Yes, But How," Journal of Continuing Education in Nursing, Vol. 6, No. 6, Nov.-Dec. 1975.

Lysaught, Jerome P., "Continuing Education: Necessity and Opportunity," Journal of Continuing Education in Nursing, Vol. 1, No. 3, September-October 1970.

Masdea, and Vogel, "Continuing Education: Have You Examined Your Bias?", Pennsylvania Nurse, Vol. 29, No. 4, September 1974.

McKenzie, Leon, "Adult Education: Areas of Proficiency for Nurse Educators," Journal of Continuing Education in Nursing, Vol. 5, No. 4, July-August 1974.

McQuay, Shirley A., Patterns of Credentialing/Certification of Secondary Health Occupations Teachers, Unpublished masters thesis, University Park: The Pennsylvania State University, Division of Occupational and Vocational Studies.

Meng, Mabel, "Report from North Dakota -- Recognition for Continuing Education," Journal of Continuing Education in Nursing, Vol. 2, No. 6, November-December 1971.

Mereness, Dorothy A., "Nursing in Pennsylvania Takes Another Step Forward," The Pennsylvania Nurse, Vol. 32, No. 2, February 1977.

Nakomoto, June, Verner, Coolie, Continuing Education in Nursing: A Review of North American Literature 1960-1970, W. K. Kellogg Project Report No. 4, British Columbia University, Vancouver, 1972.

National Federation Of Licensed Practical Nurses, Inc., "The ABC's of the CEU," New York, Sept. 1976. (pamphlet)

Novello, Dorothy J., "The Revised Practice Act for Registered Nurses -- An Interpretation," Pennsylvania Nurse, Vol. 30, No. 3, June 1975.

O'Connor, Robin, "American Hospitals: The First 200 Years," Hospitals, Vol. 50, No. 1, January 1976.

Pearson, Betty D., "Professional Process Task Analysis: Use of Theory," Journal of Continuing Education in Nursing, Vol. 6, No. 3, May-June 1975.

Pennell, Maryland Y., "Status of credentialing for health personnel," Journal of The American Dietetic Association, Vol. 63, No. 1, July 1973.

Pennington, Floyd C. and Donald E. Moore, Jr., "Issues related to Mandatory Continuing Education for Professionals," NUEA Spectator, Vol. 40, No. 23, March 1976.

Pennsylvania, Public Law 317, No. 69, The Professional Nursing Law, May 22, 1951.

Pennsylvania, Public Law 432, No. 151, The Professional Nursing Law, July 3, 1944.

Pennsylvania, Senate Bill No. 684, The Professional Nursing Law, March 30, 1977.

Pennsylvania Department of Education Working Papers "A Position Paper on the Funding of Vocational Education Professional Personnel Development Programs in Pennsylvania," April 1976.

The Pennsylvania Labor Relations Board Case No. PERA-U-6828-W, October 10, 1975.

Pennsylvania Nurses Association, "Fact Sheet on Continuing Education," Harrisburg, April 1977.

Phillips, Donald F., "American Hospitals: A Look Ahead," Hospitals, Vol. 50, No. 1, January 1976.

Pollok, Clementine S., and Gaye W. Poteet, "The Adult Learner in Nursing: A Program of Continuing Education in a Hospital Based School of Nursing," Adult Leadership, Vol. 24, No. 2, October 1975.

Popiel, E. S., "Continuing Education: Provider and Consumer," American Journal of Nursing, Vol. 71, No. 8, 1971.

Popiel, Elda S., Nursing and the Process of Continuing Education, C. V. Mosby Co., St. Louis, 1973.

Popiel, Elda S., "Regional Conferences on the Continuing Education Approval and Recognition Programs," Journal of Continuing Education in Nursing, Vol. 6, No. 3, May-June 1975.

Powers, H. K., My Hopes and Fears for Health Occupations Education, paper presented to the Health Occupations Education National Invitational Conference, Los Angeles, 1974.

PROPOSAL FOR REVISION OF ARTICLE 139, NURSING, TITLE VIII, EDUCATION LAW, NYSNA, October 1974.

Radcliffe Institute -- Radcliffe College, Resources for Continuing Education in Health Care, Vol. II, Radcliffe, Cambridge, Massachusetts, March 1977.

Richards, Mary B., Articulation Patterns for the Licensed Practical Nurse to the Associate Degree Nurse, The Pennsylvania State University, April 1976.

Richards, Robert K., and David Steen, "Mandatory Continuing Education in Medicine: A Challenge to Adult Education," NUEA Spectator, Vol. 39, No. 21, Sept. 1975.

Roberts, William B., "Learning Human Relations Technologies Through Continuing Education in Health Care Professions," Journal of Continuing Education in Nursing, Vol. 6, No. 2. March-April 1975.

Rowe, Eleanor L., "Continuing Education for American Nurses Serving Overseas," Journal of Continuing Education in Nursing, Vol. 7, No. 2, March-April 1976.

Rules and Regulations of the State Board of Nurse Examiners, June 1977.

Sandiford, Janice, "Practical Nursing: Where Are We Headed?", American Vocational Journal, Vol. 52, No. 7, October 1977.

Schweer, Jean E., "Continuing education climatology," Journal of Nursing Administration, January 1970.

Shine, Elizabeth, and Marian Frerichs, "INA-CERP: The Review Process," Journal of Continuing Education in Nursing, Vol. 7, No. 1, January-February 1976.

Skoblar, Sandra M., and Lewis J. Amster, "DOCTORS WRITE AN UNSOLICITED R_x FOR NURSING EDUCATION," RN, Vol. 40, No. 9, September 1977.

Spector, Audrey F., "The American Nurses Association and Continuing Education," Journal of Continuing Education in Nursing, Vol. 2, No. 2, March-April 1971.

"The Status of Continuing Education: Voluntary and Mandatory," American Journal of Nursing, Vol. 77, No. 3, March 1977.

Stein, Leonard S., "Adult Learning Principles: The Individual Curriculum and Nursing Leadership," Continuing Education, Vol. 6, No. 1, January 1973.

Struck, John W., Five Year Analysis of Vocational Education in Pennsylvania, Commonwealth of Pennsylvania, Harrisburg, December 1976.

Stuart, Corinne T., "Mandatory Continuing Education for Relicensure in Nursing and the Implications for Higher Education," Journal of Continuing Education in Nursing, Vol. 6, No. 5, Sept.-Oct. 1975.

Styles, Margaretta M., "Continuing Education in Nursing: One Hope for Professional Coherence," Nurse Educator, Vol. 1, No. 2, July-August 1976.

Tobin, Helen M., The Process of Continuing Education, C. V. Mosby Co., St. Louis, 1974.

Tobin, Helen M., "Staff Development: A Vital Component of Continuing Education," Journal of Continuing Education in Nursing, Vol. 7, No. 1, January-February 1976.

United States Congress, Public Law 94-482, Ninety Fourth Congress, Educational Amendments of 1976.

Waxman, Clive R., "Mandatory Continuing Education -- An Administrators View," The Pennsylvania Nurse, Vol. 31, No. 10, October 1976.

Weldy, Alice A., "Continuing Education Within the Professional Association," Journal of Continuing Education in Nursing, Vol. 1, No. 2, July 1970.

Written communication to the Jefferson County-DuBois Area Vocational-Technical School from the Department of Education, 1976.

Zabezensky, Ferne, "P.A.C.E. for Medical Technologists: A Continuing Education Program," Adult Leadership, January 1976.